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What to Know and Do Before Baby Arrives

A Manual For Expectant Mothers

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FOREWORD

The Department of Health is interested in the well-being of the citizens of the commonwealth of all ages. It is especially concerned with the welfare of mothers and babies.

The Department believes it can be of real help, by placing in the hands of parents the plain facts concerning childbearing, which every one ought to understand; and which, if known and acted upon, would make pregnancy safer and more comfortable.

How many expectant mothers are aware that traveling through the first nine months of the baby's life, that is, before its birth, both mother and baby are making a journey when a good engineer is needed?

Placing oneself in the skilled hands of a doctor is as necessary as having at the throttle of the locomotive a good engineer when we travel. No one at such a time trusts an engineer who does not understand railroad signals. How much more necessary is it when a baby's coming is concerned, to have some one who can read the 'signals' of danger or safety, for nature always hoists her 'signals.' It takes a trained person to read them.

The first and most important piece of advice for every expectant mother is:—*Place yourself in the hands of a doctor at the very beginning and carry out the orders. Repeat the visit every month for the first six months; then go every two weeks until the last month, and then every week.*

This is a good plan for visits if all seems right. But never wait for the day of the regular visit to come around if all is not right.

The following pages will answer many questions and will plainly state much of the advice which every good doctor gives, but it cannot take the place of regular and frequent visits to the doctor. Care and oversight by a good doctor can prevent most of the sad accidents that occur in childbirth.

The physical examination, that is, a complete check-up of whether or not the organs and parts of the body are in good condition, requires the skilled eye, ear, finger-tip and judgment of your doctor.

All this is called prenatal care.

MARK THIS!

All of the information which is given for the mother is really for the care of the baby as well. The baby, unseen, is growing through the first nine months of its life and needs a special care of which too little has been said until recently.

Mother care is baby care before the baby comes.

There are things to do, not hard to understand, not costly in dollars and cents, and not to be put off with the hope that "everything will be all right."

Every mother wants a perfect baby, with a fine chance to grow and keep well from the moment it draws its first breath.

Care for it for the nine months of the pregnancy and so give it the best chance to grow into the perfect baby at birth.

Carrying the child should make no mother ill, but the extra strain is like the speeding up of good machinery—it can stand the strain if it is in good working condition.

All of the health habits of the mother must be studied to see if the best ways of living are part of her every-day habits.

CHAPTER 1

SIGNS

This chapter will answer the question: How to tell when a baby is coming, or what are the "signs of pregnancy."

In the earliest weeks no one can be perfectly sure, not even a doctor, whether pregnancy is a fact, but there are several suspicious signs which indicate probabilities. Later other more certain signs leave no doubt in the matter.

THE STOPPING OF THE MONTHLY PERIODS is often the first suspicious sign. Remember that periods stop for other reasons, for example, in anemia, from getting very tired, from getting angry, or being very much frightened or shocked in any way. Remember also that sometimes periods may continue throughout the pregnancy.

THE MORNING SICKNESS. The "morning sickness" is a common disturbance so called because it is most often felt on awaking, but it may occur at any time. It is troublesome usually only in the early weeks, disappearing after two or three months.

BREAST CHANGES are usually noticed in the second or third months. The breasts increase in size and show a darkening of the nipple area and there are frequently sensations of prickling, fullness and tenderness. Sometimes a few drops of fluid (colostrum) may be milked from the enlarged nipples. The breasts thus show that they are preparing for the nursing of the baby.

FREQUENT URINATION (passing water) usually occurs because the enlarged womb presses on the bladder. This discomfort disappears after the early weeks as the growing baby rises higher in the mother's abdomen.

QUICKENING ("Feeling life"). About midway of the nine months, say at four and one-half months, "quickening" or "feeling life" occurs, when the baby in its exercise is strong enough to make its movements felt by the mother. It moves arms and legs as it lies folded within the uterus (womb) and the gentle tapping of elbow or knee against the wall of the womb is transmitted to the mother's abdominal wall, first as a mere fluttering feeling, and growing stronger and stronger as the weeks go by. The mother grows used to counting on the baby's movements to keep herself aware that the baby lives and grows.

The mother will soon notice how her "stomach" is growing larger. By the sixth month she will be able to feel the rounded mass of the growing womb with the baby inside lying as high as the umbilicus (navel).

Remember all these signs and similar sensations *can* occur with other conditions, so that we speak of them only as 'probable' or 'suspicious' signs.

There are other more CERTAIN SIGNS to be found after the sixth month. Two of these signs cannot be discovered by the mother

herself, because it takes a trained person to find them. One of these is the baby's heart-beats which can be counted. Also the parts of the baby's body can be outlined, its limbs and head and back. The mother herself can feel its movements from outside by placing her hand on her "stomach".

There are some other perfectly normal, and less important things, which may be observed as, for example, a dark streak on the abdominal wall in the middle line; lighter streaks due to the stretching of the skin on the abdominal wall and also often on hips and thighs. Blotches, or dark patches on the face and neck, and circles under the eyes may appear.

The navel at first is more deeply pitted and later is almost flat and, later still, sticks out. Toward the end of the nine months the weight of the growing baby in the womb, which has grown enormously to hold and nourish the baby safely, makes walking for the mother difficult. Eating a hearty meal, because the stomach is crowded upward, may cause discomfort.

In the last weeks the uterus, with the baby neatly folded inside, sinks down a little lower; this, in part, relieves the pressure and makes breathing and eating less uncomfortable. But there may be a return of the frequent wanting to empty the bladder, (pass water) from the pressure on the bladder, similar to that of the early weeks.

CHAPTER 2

DIET

Among the most important things to know are what foods the mother should eat.

As the baby grows from an almost invisible speck to weigh between six or seven pounds or more at birth, its body is built from the material of the mother's blood. Her blood is supplied by the things she eats, the fresh air she breaths and the milk and water she drinks.

The diet of expectant mothers has been carefully studied and we know what foods build the best babies.

If the mother's food habits have always been right, she will not have to make many changes for her baby's sake. Food or drink that causes discomfort must be given up. What is eaten must be thoroughly chewed and the meals must be at regular times. Strange "cravings" are a warning that nature wants something not being supplied.

Great overweight means that mistakes in quantity or choice are being made.

Tooth trouble is a cry for more lime foods:

Foods do many things:—

They supply the baby's building material.
They keep up the repairs in the mother's body.
They regulate the bowels and keep the skin active.
They prepare the mother for nursing the baby.

Proper foods, well digested and supplemented by fresh air and exercise, rest and sleep and a mind free from outside worries, are parts of every expectant mother's Bill of Rights.

Note all the items in the following generous diet list. Choose carefully. Cook simply. Eat regularly. Chew thoroughly.

THERE ARE FIVE IMPORTANT GROUPS OF FOOD

Eat one article from each group each day.

MILK—Milk is a most important single food. A quart a day is desirable, partly in cooking, partly to drink.

CEREALS AND BREADS—Whole grain cooked cereals and coarse dark breads are best.

VEGETABLES—Raw green leafy vegetables such as lettuce, cabbage, celery. Eat one each day. Cooked greens such as spinach, chard, beet and turnip tops, eat one each day.

Use other kinds of easily digested vegetables such as potatoes, carrots, onions, tomatoes.

FRUITS—Fresh raw fruits are best but canned and dried fruits may be used when fresh fruit is not to be had.

MEAT, FISH AND EGGS—Follow your doctor's orders. Meat once a day, a small serving, can usually be taken in the first months. Later three times a week may be best. Know what your doctor advises.

Do not take any food or drink which causes distress. Some root vegetables seem to cause flatulence.

In the first four months ordinary amounts may be eaten at the regular three meals each day. In the fifth, sixth and seventh months more food may be needed to meet the demands of the growing baby, but to avoid the discomfort of large meals, it may be best to have a mid-morning and mid-afternoon lunch.

During the last weeks eat less fattening foods, sugar, potatoes, bread.

For **DESSERTS**—plain puddings and custards, junkets, ice cream, gelatins.

Omit all pastry and rich desserts and highly spiced things.

DRINKS—milk, with cereals, in soups, on desserts, and as a beverage. Water—five to eight glasses each day is very essential, through the whole nine months. Use tea and coffee very sparingly—one cup a day. Cocoa and buttermilk are good. No beer or alcoholic stimulants should be taken. The baby is harmed by alcohol because it acts as a poison.

Beware of overweight! Many mothers gain extra pounds easily during pregnancy and the nursing period. Overweight is a distinct drawback in every way. There is no truth in the popular belief that the stout mother will have more or better milk for the baby. Weigh every two weeks.

CHAPTER 3

BATHING AND CLOTHING

Building up tissues,—bones, muscles, teeth, organs,—with great requirements of material (food) means also that after the building stuff has been used, the waste material must be disposed of, like ashes or refuse.

We get rid of the waste materials of our body through the pores of the skin and from kidneys and bowels. These are the three great avenues of waste disposal.

The skin and kidneys are cooperating partners in their share. They must be kept up to their best activity.

BATHS, therefore, are an important matter to consider.

The body should be given a wash all over every day to keep the pores open, in a tub, with a spray, or by a sponge bath from a basin. Tub bathing is right in the early months and best done at bedtime. After the seventh month it is not safe, as bath water entering the vagina may leave germs behind.

In the last two months of pregnancy, therefore, sponging or spraying or a shower are the best ways of bathing, using *tepid* water only. Very hot or very cold water should not be used.

Never use douches of any kind without a doctor's orders.

The mother's CLOTHING is important.

The underwear worn next to the skin should be changed oftener than once a week.

Clothing protects the skin and aids in keeping an even blood circulation. It should never be so warm that the sweat glands are overactive. The present comfortable fashions are suitable for pregnant mothers provided that tight brassieres and tight garters are not worn.

In the last weeks, the weight of the abdomen can be supported, if necessary, by special corsets, or by a homemade binder, and the heavy breasts may be held by a suitable bust supporter.

High-heeled shoes should never be worn as they throw the weight of the body out of plumb and are otherwise harmful and uncomfortable. Shoes having broad, low heels with ample room for the toes, and with a flexible instep, are now to be had in fashionable styles. If accustomed to high-heels, they cannot suddenly be changed for low ones, without danger of arch damage, but by using the lower heeled shoes for a short time each day, and gradually increasing the hours that they are worn, the tendon at the back of the leg regains its normal length. The weight of the body is carried with much more safety and comfort when low heeled shoes are worn.

CHAPTER 4

EXERCISE, REST AND SLEEP

The amount of exercise and work that can be safely done during pregnancy, depends upon what the mother has been accustomed to. Every one needs some exercise. Daily house work is excellent; with its regularity and many kinds of muscle action. Heavy lifting, heavy laundry work, and pushing and moving heavy furniture and the like, are not safe.

Some exercise that is really recreation apart from work, is a good daily practice. Motoring and driving over smooth roads cannot take the place of active exercise, however. Driving a car even over smooth roads should only be for short trips and in the last weeks should be given up.

Jarring and jolts of any sort are dangerous and this includes riding over rough roads.

Brisk walking is good as it brings into use muscles needed later in labor.

Everything the mother does must always stop short of tiring her. Getting over-tired in any way is dangerous and may bring on a miscarriage.

Lying down often through the day, if only for five minutes is a good practice. A longer rest of an hour or more, after the mid-day meal, is a great help.

The night's sleep should be eight or nine hours, with windows open. Out door air, and windows open day and night, as much as possible, help toward the best condition of all organs of the body.

The husband and older children, if there are such, should be counted on to see that the mother can secure such rest and sleep as are needed.

Railway travel, if customary, is safe in the middle months.

Avoid violent exercise; golf, tennis, swimming, long train, trolley or automobile rides and travel only if necessary.

All exertion must be with care between the third and fourth month as the fastenings of the special sac which holds the baby safely in the womb, are less secure at this time. In the later weeks the weight makes moving about and breathing much more difficult.

Remember then, that plenty of mild exercise of the right kind, (walking is the best) in the open air and sunlight with sufficient rest, and long hours of sleep are most important for the expectant mother's well-being.

CHAPTER 5

THE MOTHER'S TEETH AND THE BABY'S TEETH

Since the expectant mother often has trouble with her TEETH, it is important for her to pay a visit to the dentist at the beginning of pregnancy. Every little defect should be attended to and she should follow the orders given with regard to the daily care of her teeth.

Brushing three times a day and using mouth washes, such as lime water, salt water, milk of magnesia, or soda water (one teaspoonfull of baking soda to the glass) are the best methods of care. Use the brush up and down on the teeth instead of the old-fashioned back-and-forth.

In addition to the three-times-a-day brushing of the teeth, rinse the mouth well after any vomiting if it occurs.

Never have a tooth extracted except on the doctor's advice. Unnecessary loss of teeth, which can be saved with the proper attention, is a very great drawback.

The TEETH, as well as the bones of the baby, are growing all through the first nine months. Care of the baby's teeth before birth is also important, for the beginnings of both the first and second teeth are in the gums at birth and the material which the mother has been

supplying from her blood all through the pregnancy, is used to build either a poor set of teeth or a good set, according to the food she has eaten. In other words, the kind of teeth that the child will have has largely been settled before it is born. What he eats for the rest of his life, even more than the care given them, settles whether they remain shapely, perfect in make-up and well placed.

For the baby's sake, therefore, eat the things that build good teeth—milk, green vegetables and fruit—and make up your mind before he comes to feed him through infancy and childhood perfectly, so as not to spoil his teeth.

CHAPTER 6

MINOR DISTURBANCES OF PREGNANCY

There are some disturbances and discomforts in pregnancy which, if rightly managed, can be remedied or much lessened.

"Morning Sickness", a feeling of nausea, sometimes passing off, and sometimes ending in active vomiting, is troublesome only in the early weeks, and disappears entirely later on. If it is of more than passing notice it means trouble ahead because waste matter may be storing itself in the body instead of being got rid of so it is well to report it to your doctor, as simple measures sometimes relieve it. A dry cracker or a piece of very dry toast, taken before rising, may be effective. Sometimes staying in bed for a time will help.

Flatulence (gas), heart burn, or simply a feeling of discomfort hard to describe, are all connected with indigestion. Eat slowly. Chew thoroughly. Avoid foods considered most likely to produce gas, such as root vegetables, beans, corn, very rich desserts and candy.

Slight swelling of the feet is not uncommon and may be hardly noticeable. It may be a passing discomfort or a symptom of more serious trouble and it should, therefore, be reported at once to the doctor. Lying down frequently, with the feet higher than the head, may act as a relief. **Never ignore any swelling of the feet.**

Swelling of face and hands, however, means something quite different, and *should be reported to the doctor at once.*

Varicose veins of the legs and sometimes of the vulva are due to pressure of the heavy uterus interfering with the circulation. Again, lying down with the feet high, several times a day, may relieve this condition. An elastic stocking, or a bandage, or adhesive strapping, may be needed. Bandages cost less, and can be washed, and will often answer the purpose entirely.

To relieve swelling of the vulva, lie on one side with the hips up on a firm pillow.

Hemorrhoids (piles) are swollen veins about the anus. Keeping the bowels regulated may prevent this,—one more reason for never getting constipated. To relieve piles, lie down with the hips high and apply hot or ice cold compresses. Witch-hazel compresses are also good. Consult the doctor if these simple measures do not relieve.

Cramps in the legs come from the weight of the heavy uterus pressing on nerve trunks. Lying down, with the hips high, heat, and rubbing of the limbs may be tried.

The importance of getting rid of all the waste material of the body, cannot be exaggerated. Daily bowel movements are necessary. The securing of these depends upon proper eating, exercise, and the habit of regular visits to the toilet.

Pills or other laxatives, unless prescribed by your doctor, are not to be used.

In the later weeks of pregnancy, until the last fortnight, the pressure of the upward-growing uterus interferes with heavy meals and may cause shortness of breath, because the baby is occupying so much space in the abdomen.

There is some increase in the colorless vaginal discharge all through the pregnancy and if it becomes profuse or irritating, report it to your doctor.

MINOR DISTURBANCES AND DISCOMFORTS ARE NOT TO BE IGNORED.

Take the "stitch in time." Some disturbances may become serious if unrelieved.

CHAPTER 7

DANGER SIGNALS

It is the right of every mother to know when special danger threatens. There is no necessity for learning much about the symtoms of serious conditions. On the other hand, it is only common sense to be on the lookout for such warning signs as should be reported to the doctor, so that, taken in time and with the right care given, preventable calamity may not occur.

Some of the most serious things that happen give plenty of warning before they become very dangerous if some one is on the lookout for danger signals and when taken in hand in the early stages, can be reduced to harmlessness. The danger may become grave before the mother *feels* ill. Feelings are a poor guide!

The action of the kidneys and the blood pressure are two of the greatest matters of concern all through the pregnancy.

Kidney action is studied by examination of the urine (urinalysis) with a test tube and microscope. Blood pressure is taken by means of a simple instrument attached to a rubber cuff, applied to the arm. *Six weeks, before any other sign gives hint of trouble, the tell-tale indicator in the little instrument, may show a rising blood-pressure, for which something should immediately be done.*

Paying attention to danger 'signals' prevents accidents, on the railway train, or in pregnancy. There are also little signs of great dangers which the mother must be taught to watch for and which need no instruments to show them. Read the following list and try to

realize that every sentence means a special symptom that no wise mother will ignore.

1. Persistent nausea or vomiting.
2. Persistent headache.
3. Persistent constipation.
4. Failure to feel the baby moving for several days after "life" has once been felt. If more than two or three days go by, ask the doctor.
5. Dizziness.
6. Puffiness about the face or hands.
7. Swelling of feet and ankles.
8. Blurring of the sight, or black spots before the eyes.
9. Sharp pain at the pit of the stomach.
10. Passing very little urine in a day.
11. Hemorrhage of any part of the body.
12. Any discharge from the vagina, bloody, watery, or white. The slight colorless discharge which may be quite normal should be reported to the doctor if it becomes troublesome.
13. Pain in the back with cramps in the abdomen, before the expected date of confinement.
14. Any other unusual development.

If any of these things are found, see the doctor at once.

Since most of the danger signs listed above point to the kidneys, their action is especially watched. It is the custom among all wise doctors to ask for a specimen of water, and have the urinalysis made every month, up to the sixth month and then every fortnight during the seventh and eighth months, then every week during the last month.

The quantity passed in the twenty-four hours should be measured at least every two weeks. There should never be less than three pints and the doctor will want to know the quantity each time a specimen is examined.

Miscarriages are most apt to occur in the early months—the third or fourth. There are several causes for this accident and some of them are not easily understood, but keeping in good general health, guarding against getting tired, excitements, jolts, hard exercise or heavy lifting are the best precautions. Remember that taking a long automobile ride even over smooth roads, is tiring. Give it up in the last weeks.

Avoid intercourse especially in the third and fourth months, and some doctors say all through the pregnancy. It should certainly be omitted in the last month.

The common signs of *threatened* miscarriage are bleeding and pain. Rest and quiet are the best preventives. If the least bit of bleeding occurs, it is important to go at once to bed and report to your doctor.

If the miscarriage actually takes place the stay in bed and special care are even more necessary than if there had been labor at full term. Permanent invalidism may result from carelessness after miscarriage.

CHAPTER 8

PREPARATION FOR CONFINEMENT

Every confinement should have a skilled doctor in attendance, just as truly as there should be a doctor in charge during the whole nine months of pregnancy.

A well conducted hospital is the best place for both mother and baby, if it can possibly be arranged.

Many deliveries, however, must occur at home and so it is well to know just what home preparations ought to be made to insure the happiest results.

All preparations for the arrival of the baby should be completed a full month beforehand.

Have a bright sunny room, freshly cleaned, without hangings, except perhaps wash curtains at the windows; no upholstered furniture, a single bed with firm mattress, and high if possible. A six inch cube of wood under each leg of an ordinary bed will raise it enough to make it easier for doctor and nurse. Have at least one table, two would be better, several chairs, including one comfortable armchair for the early hours of labor before it is necessary to be in bed. On the floor have small easily removable rugs, with plenty of newspapers to protect the floor around the bed. The toilet arrangements should be as conveniently near the confinement room as possible.

ARTICLES NEEDED FOR CONFINEMENT

For the Mother:—
6 towels
6 sheets
3 or 4 pillow cases
4 Nightdresses
A pair of white stockings
1½ yards Rubber Sheeting or plenty of old newspapers to protect the mattress.
1 lb. of Sterile Absorbent cotton.
1 package Sterile Gauze
A covered waste jar, or enamel bucket
Basin and Pitchers
Fountain syringe and nozzles (rectal and Vaginal)
Douch-pan or bed-pan
Soap (Castile)
Hand brush
Lysol
2 dozen large safety pins
White Vaseline
2 yards stout white cloth 18 inches wide for abdominal binders

A large amount of sterile hot and cold water will be needed at the time.

Pads for protecting the bed may be made from many thicknessess of newspaper open to full size and covered with freshly laundered old muslin tacked in place. No other protection for the bed is necessary. As a precaution, when possible, the entire mattress may be covered with oilcloth put on under the bottom sheet.

All washable supplies for mother and baby should be freshly laundered and put away in pillowcases or clean ironed paper until they are needed.

"Sanitary" pads or dressing ("guards"), may be bought, or made at home, of gauze and cotton or clean old soft muslin. They should be sterilized with the help of the Nurse, or under her directions. After boiling in the wash-boiler and being dried in the oven they should be put away, carefully covered, in a box.

THE BABY'S NEEDS

The following is a list of the complete outfit of baby clothes and toilet necessities. Material, quantity and quality may be changed to suit the individual taste and pocket book. Standard Red Cross material may be used.

24 diapers 22″ x 22″
3 bands 6″ x 27″ of soft flannel
3 shirts, size 2, of cotton, not wool. Light weight in summer; heavier in winter.
3 petticoats of white muslin
1 oilcloth or rubber 12″ x 18″
1 basket or box 15″ x 30″ for bed
1 felt pad or folded blanket for mattress
1 oilcloth case for mattress
6 oz. sweet oil or albolene
3 slips
2 squares of blankets 36″ x 36″. The squares are used instead of coat and bonnet until baby is more than two months old.
2 muslin pillow slips for mattress.
4 towels of soft linen
2 crib blankets
½ lb. package of absorbent cotton. Cornucopias or paper bags for waste
Covered pail with borax water for soiled diapers
Tray fitted with:—
- Glass jar (jelly glass) for boric acid solution
- Glass jar (jelly glass) for oil
- Glass jar (jelly glass) for nipple swabs
- Glass jar (jelly glass) for absorbent cotton
- 12 small safety pins
- 12 large safety pins
- 6 oz. boric acid powder
- 2 wash cloths of old linen
- 1 piece Castile soap

Bottle and nipple for giving baby drinks of water.

CHAPTER 9

CARE OF THE BREASTS

Through the whole nine months it should be kept in mind that breast feeding for the baby is the most important part of the care that is to be his, after birth. If the mother remembers this and does everything she can to prepare herself for giving her baby the best food in the world, there is little doubt that she will be able to nurse him.

On no account should the baby miss having its own mother's milk. Fewer deaths occur among breast fed babies than among bottle fed.

Breast fed babies do not as easily catch contagious diseases as those artificially fed.

All this means consulting the doctor and following orders.

It is well to remember that looking after the general health, keeping well, and living the healthiest life possible, is the best preparation for nursing.

IMPORTANT INFORMATION

Two important laws should be known by all parents:

The first provides for the protection of the new-born babies' eyes. The law provides that the doctor or midwife attending a birth shall put drops in the eyes as soon as the baby is born. Sore eyes at birth are a very dangerous infection. The baby may lose its sight if the proper treatment is not given. Every baby must have these drops put in and there is a punishment provided if the law is not obeyed.

The second law provides that every baby's birth must be registered. The doctor or midwife in attendance must report the birth on the blank provided for the purpose within ten days. If the mother has

had no attendant, one of the parents must send the report to the registrar. SOME ONE MUST ATTEND TO THIS. OMITTING IT IS A PUNISHABLE OFFENSE. Moreover, failure to have its birth registered does the baby a great wrong in later life for many reasons.

The Bureau of Vital Statistics sends to the parents of every newborn baby a Certificate of Notification of Birth Registration. This is a very valuable document and should be put away safely when it is received.

Toward the last weeks of pregnancy extra attention may be required to make sure that the breasts are in good condition. As there are different ways of caring for them, the doctor and nurse should be consulted.

Daily cleansing with soap and warm water is good for the nipples. No poultice or lotions should be used unless prescribed.

Small nipples, inverted nipples and other unusual conditions require the doctor's advice. Particularly in the case of small or inverted nipples must you have orders. Persistent, daily patient care will improve them, and this the doctor or nurse can teach you to give yourself. *Follow the doctor's orders exactly.*

Never forget that breast feeding is safer, cheaper, easier in every way. Plan to give your baby the best.

Some Extra Hints

In addition to the carefully watched prenatal period (the nine months of pregnancy) and a skillfully conducted confinement (delivery) there are other matters of importance following the baby's birth to which wise parents will give attention to insure that mother and baby are well started on the safe path.

The doctor's task does not end with the arrival of the baby.

The mother's stay in bed is watched, with good nursing, for at least ten days. Some doctors say the "lying-in" should be longer. Obey your doctor!

The correct starting of breast feeding for the baby, the mother's right diet to insure the return of full strength, and an abundance of milk, and, mark the importance of this! at the end of five or six weeks an examination to make sure that her pelvic organs are in good condition and position, are the very least that the doctor should attend to.

Professional responsibility continues until the mother is up and about and quite herself again, and the baby is thriving. The medical world is now going even further these days by saying that the keeping of the mother and baby and all the rest of the family well, is the doctor's permanent responsibility. Therefore either take your baby to a Child Health Center regularly, or to your family doctor.

READ THE PENNSYLVANIA BABY BOOK.